Overtown Men’s Health Study

Medicaid Policy and Research Conference 2007
Tallahassee, Florida

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Three key points

1. Access to health care problematic

2. Health exists within complicated nexus

3. Patterns of experience constitute a crisis
Summary profile of population

Final sample includes 129 adult men
- 95% African American
- 55% have high school diplomas
- 9% have college degrees
- 40% employed
- 53% earned less than US$10K per year
Summary of frequencies

- 2 in 3 previously incarcerated
- 28% previously or currently homeless
- 1 in 4 has lived in a shelter
- 60% report living with bodily pain
- 29% report ER is primary health facility
- 1 in 5 received dental care in previous year
Summary of frequencies

- 47% smoke cigarettes
- 1 in 4 is a victim of police violence
- 60% report restlessness
- 29% feel worthless
- 60% feel “everything is an effort”
- 55% feel a degree of disability due to mental health
Overtown History
Reported Health Experiences

- Drug use?
  - 41% yes
  - 59% no

- HIV tested?
  - 86% yes
  - 14% no

- Perceived HIV risk?
  - 49% some, 51% none
  - 5% already have AIDS

- Perceived health care access?
  - Mean = 3.84 (SD = .92)
  - (1 = worst, 5 = best)

- Perceived mental health?
  - Mean = 3.91 (SD = .81)
  - (1 = worst, 5 = best)

- Perceived physical health?
  - Mean = 3.61 (SD = 1.04)
  - (1 = worst, 5 = best)
Social & Economic Experiences

- **Education?**
  - 55% have HS diploma
  - 45% do not

- **Employment?**
  - 40% employed
  - 59% not employed

- **Mean personal income?**
  - 53% less than $10,000
  - 22% $10,000 - $19,999
  - 17% $20,000 - $29,999
  - 9% more than $30,000

- **Victim of police violence?**
  - 26% yes, 74% no
  - 10% still suffer from trauma

- **Ever homeless?**
  - 38% yes, 62% never
  - 17% in previous 30 days

- **Ever incarcerated?**
  - 66% yes, 34% never
Purpose

- Engage men in health conversations
- Collect primary experiential and attitudinal data in a distressed area
- Integrate subjective accounts of distress
- Add health to community development and revitalization discourse
- Acknowledge people often rendered invisible
Research Questions

- Who are the men of Overtown?
- What are their health experiences?
- What are their social and economic experiences?
Survey Instrument

- Combines social psychology and cultural anthropology approaches
- Includes >100 data points
- Functioned as interview tool
- Aims to capture and examine experience systematically
Survey Content

- Preventative health behaviors
- Health care access
- Disease states and management
- HIV risk factors
- Depression and mental health
- Tobacco, alcohol, and drug use
- Experience of homelessness, incarceration, and police violence
- Social identity
- Race/ethnicity, income, education, and employment
Research Method

- 129 participants
- 30-minute interviews
- $15 grocery gift cards as compensation
- Most surveys administered by PI
Talking to men about health

- 66% describe health as “good” or “excellent”
- BUT
- 40% have physical health problems
- 60% report bodily pain
Talking to men about health

- 54% feel disabled to some degree by mental health

  **BUT**

- 12% report needing mental health care
- 9% had spoken to a mental health practitioner in previous 30 days
Incarceration & Health

Prior incarceration was associated with more drug use, and perceived worse mental health and less access to healthcare.

Health-related Outcomes by Prior Incarceration

- Perceived HIV risk
- Reported drug use
- Mental well-being
- Physical well-being
- Healthcare access

* $p < .05$
Our conclusion

There is a men’s health crisis in Overtown
Dimensions of a men’s health crisis

- Incarceration
- Under-education
- Under-employment
- Under-housing
- Unreliable access to appropriate health care
What can we do?

Collins Center strategies:

- Research and analysis
- Policy-level approaches
- Grassroots work
Vienna Declaration on the health of men and boys in Europe
There is a men’s health crisis in Overtown.

Town Hall Meeting early in Summer 2006

Residents of the Overtown neighborhood in Miami, Florida USA learn about findings of the Overtown Men’s Health Study
“Lasting change must begin at the level of principle.”

Men in Overtown study the Vienna Declaration on the Health of Men and Boys in Europe.
Fall 2006: The Vienna Declaration inspires discussion about standards among men’s health advocates from across the U.S. who gathered in Atlanta, Georgia.

“Will there be a declaration for us?”
Acknowledgements

- Collins Center for Public Policy
  - The Growth Partnership
  - Community Voices Miami

- Andrea Copeland
  - Town Park Plaza North Condominium Association

- Romando "Sweet" Battle
  - Overtown

- Camillus House, Inc.
- Camillus Health Concern
- 100 Black Men, Miami Chapter

- Jefferson Reaves, Sr. Health Center
- Dr. Jennifer L. Eberhardt
- Hilary Burbank
  - Stanford University
- Dr. Stephanie Fryberg
  - University of Arizona, Tucson
- National Center for Primary Care
  - Morehouse School of Medicine
- W. K. Kellogg Foundation